

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

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STATE OF HAWAR

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

(Type of Print Clearly)							
PART I LOBBYIST							
NAME(Last)	(First)	(Middle)	TELEPHONE				
Hamasaki	Peter	J.	529-7300				
MAILING ADDRESS (Street)			FAX				
P. O. Box 2800			524-8293				
(City)	(State)		Zip Code)				
Honolulu	HI	96803~:	96803-2800				
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE							
McCorriston Miller Mukai MacKinnon LLP			529-7300				
MAILING ADDRESS (Street)			FAX				
P. O. Box 2800)		524-8293				
(City) (State)		(Zip	(Zip Code)				
Honolulu	HI	96803–2800					

PART II ORGANIZATIO	N		
NAME OF ORGANIZATION YOU	TELEPHONE		
Philip Morris USA, Corporate Services,	(916) 441-2288		
MAILING ADDRESS (Street)		FAX	
915 L Street, Suite	1410	(916) 441-2897	
(City)	(State)	(Zip Code)	
Sacramento	CA	95814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
David Tovar		(916) 441-2288	
MAILING ADDRESS (Street)	FAX		
915 L Street, Suite 1	.410	(916) 441-2897	
(City)	(State)	(Zip Code)	
Sacramento	CA	95814	

PART	III DESCRIPTION O	F SUBJECTS UPON WHIC	H YOU EXPECT T	O LOBBY	
				<u> </u>	
	Agriculture	Education	Human Servi	ces	Science, Technology & Economic Development
	Communications & Public Utilities	Government Operations & Finance	Intergovernme International	ental Relations, Affairs	Tourism & Recreation
x	Consumer Protection & Commerce	Hawaiian Affairs	Labor & Empl	loyment	Transportation
	Culture, Arts, Historic Preservation	Health	Planning, Lan Use Manager		Other: (indicate below)
	Ecology, Energy Environmental Protection	Housing	Public Safety	& Corrections	
PART	IV CERTIFICATION	OF LOBBYIST			
-		nformation furnished above i	is. to the best of my	knowledge, correc	t and complete.
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	,	(Signature of Lobbyist)		(Date)	
PART	V AUTHORIZATION	TOLORRY			
NAME	V AUTHURIZATION	TO LOBB I	TITLE OF AUTHOR	IZING OFFICER OR PE	RSON REPRESENTED
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED David Tovar					
			_		
NAME (OF ORGANIZATION (if applied			TELEPHO	NC
	, ,,	•	714	(916) 44	
		, thru its service cor	p., Altria	(370) 4-	1-2200
	orate Services, Inc	•			
MAILIN	G ADDRESS (Street)			FAX	
915 L Street, Suite 1410			(916) 44	11-2897	
(City)	(State)		(Zip Code)	
Sacr	amento	CA		95814	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
	Dan Verne				
	(Signature of Authorizing Officer or Person Represented) (Date)				